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**APPLICANTS**

David Michael Geshwind, New York, NY ;

**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLICATION IS A CON OF 08/485,384 06/07/1995 PAT 6,025,882  
 WHICH IS A CIP OF 07/077,916 07/27/1987

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 04/18/2000****\*\* SMALL ENTITY \*\***

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
				NY	10	36	3
Verified and Acknowledged	Examiner's Signature	Initials					

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**TITLE**

Methods and devices for incorporating additional information into a portion of an information bearing signal not used for program content

FILING FEE RECEIVED 554	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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